

CSO Conference

August 8, 2019

Participants Profile Form

Name of Organization	
Complete Address	
Office Telephone Number	
Organizational Email Address	

Contact Person	
Designation	
Contact Number	
Email Address	

Nature of Organization	<input type="checkbox"/> Non-Government Organization <input type="checkbox"/> People's Organization <input type="checkbox"/> Cooperative	<input type="checkbox"/> Federation/Network/Coalition <input type="checkbox"/> Other nature, please specify _____
	Core Organizational Programs <ul style="list-style-type: none"> <input type="checkbox"/> Advocacy <input type="checkbox"/> Agriculture/Agrarian Reform <input type="checkbox"/> Fisheries <input type="checkbox"/> Children's Welfare <input type="checkbox"/> Disaster Risk Reduction/Climate Change Adaptation <input type="checkbox"/> Education/Training <input type="checkbox"/> Enterprise & Livelihood Development/Social Enterprise <input type="checkbox"/> Environment Protection <input type="checkbox"/> Food Security <input type="checkbox"/> Gender and Development <input type="checkbox"/> Good Governance <input type="checkbox"/> Health & Nutrition <input type="checkbox"/> Housing <input type="checkbox"/> Lending/Financing/Microcredit/Microfinance/Cooperative Development <input type="checkbox"/> Networking/Coalition Building <input type="checkbox"/> Religious & Spiritual Services/Values Formation <input type="checkbox"/> Other Program, please specify: _____ 	

Primary Beneficiary Sectors	<input type="checkbox"/> Children <input type="checkbox"/> Cooperatives <input type="checkbox"/> Entrepreneurs <input type="checkbox"/> Farmers & landless rural workers <input type="checkbox"/> Fisherfolks <input type="checkbox"/> Formal labor/Migrant workers <input type="checkbox"/> Indigenous Cultural Communities/People <input type="checkbox"/> Local government Unit	<input type="checkbox"/> Persons with disabilities <input type="checkbox"/> Religious group <input type="checkbox"/> Senior Citizen/Elderly <input type="checkbox"/> Urban Poor <input type="checkbox"/> Women <input type="checkbox"/> Workers in the informal sector <input type="checkbox"/> Youth and students <input type="checkbox"/> Other sector, please specify: _____
Scope of Operation	<input type="checkbox"/> Barangay <input type="checkbox"/> Municipality <input type="checkbox"/> City	<input type="checkbox"/> Province <input type="checkbox"/> Region <input type="checkbox"/> National
In which national Government Agency is your organization registered?	<input type="checkbox"/> CDA <input type="checkbox"/> DOLE <input type="checkbox"/> DSWD <input type="checkbox"/> HLURB	<input type="checkbox"/> SEC <input type="checkbox"/> Other agency, please specify: _____ _____
Was your organization accredited by LGU?	<input type="checkbox"/> Yes Specify what LGU _____	
Is your organization a member of any Local Special Body?	<input type="checkbox"/> Yes <input type="checkbox"/> Local Development Council <input type="checkbox"/> Bids and Awards Committee <input type="checkbox"/> Local Health Board <input type="checkbox"/> Local School Board <input type="checkbox"/> Local peace and order Council <input type="checkbox"/> People's Law Enforcement Board <input type="checkbox"/> No <input type="checkbox"/> Others: _____	
Is your organization a member of any Sectoral Community?	<input type="checkbox"/> Yes <input type="checkbox"/> Social <input type="checkbox"/> Economic <input type="checkbox"/> Institutional <input type="checkbox"/> Infrastructure <input type="checkbox"/> Environment <input type="checkbox"/> No	

Name of respondent	
Designation	
Contact Number	
Email Address	
Signature / Date	